



# Office of the Commissioner of the Revenue

City of Falls Church

Thomas D. Clinton, Commissioner

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## **TRANSIENT OCCUPANCY TAX RETURN**

(Falls Church City Code Sec. 33.36-45)

**PAYMENT IS DUE BY THE 20<sup>TH</sup> OF EACH MONTH TO AVOID PENALTY AND INTEREST**

Business Name: \_\_\_\_\_ Virginia Sales Tax Reg. #: \_\_\_\_\_

Trade Name: \_\_\_\_\_ Month Ending: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

- |  |                    |
|--|--------------------|
| 1. Total Gross Rental Receipts   | \$ _____           |
| 2. Minus Allowable Deductions:   |                    |
| a. Exempt rentals (stays over 31 consecutive days)                         | - \$(_____)        |
| b. Refund of rentals included in line #1 of this report                    | - \$(_____)        |
| c. Refund of rentals included in prior reports                             | - \$(_____)        |
| <b>d. Total Deductions</b>   | <b>= \$(_____)</b> |
| 3. Line #1 minus Line # 2(d)   | = \$ _____         |
| 4. Taxable Amount ( <b>5% times line # 3</b> )                             | = \$ _____         |
| 5. Penalty for late payment ( <b>10% times line # 4</b> )                  | + \$ _____         |
| 6. Interest 10% per annum ( <b>.0083 per month</b> )                       | + \$ _____         |
| 7. Total tax, penalty and interest ( <b>sum of lines # 4, 5, &amp; 6</b> ) | <b>= \$ _____</b>  |

Checks should be payable to: "Treasurer, City of Falls Church." (Your check must accompany this report.)

**I declare that this tax return has been examined by me and to the best of my knowledge and belief, it is a true, correct and complete return.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**PLEASE RETURN THIS ORIGINAL DOCUMENT WITH PAYMENT TO THE COMMISSIONER'S OFFICE**

*Thank you for doing business in the City of Falls Church!*

*Tom Clinton*